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$\overline{}$	PATE FOBER	NT APPLICA	ATION I	FEE DETER	MINATION	RECORD		Application / O	n or Docket Num	ber
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL EN	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))						<u> 395                                    </u>	OR,		<u> 190</u>	
FOTAL CLAIMS 37 CFR 1.16(c)) minus 20 :				,	x s_9_=		OR.	× s 8 =		
NDEPENDENT CLAIMS					× 44 =		OR 1	x s <u>85</u> =		
(37 CFR 1.16(b)) minus 3 = 1 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$ 150=		OR	+:300=	·
						TOTAL		OR.	TOTAL	
If th		olumn 1 is less than				•		_		
	Cl	AIMS AS AME	NDED -	- PART II				OR.	OTHER	THAN
(Column 1)					(Column 3)	SMALL E	NTITY	J 1	SMALL	ENTITY
AMENDMENT A	1011314	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
則	Total	AMENDMENT	Minus	<b>"</b> 20	Ξ	× 5 4 =		OR	x s <u>/8</u> =	
밁	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	· 3	Minus	٣ ٦	=	× 44 =		OR	x \$ <u>88</u> =	
3	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37				R 1.16(d))	+\$50=		OR	+300	
_`	THO TREE CONTROL					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(0-1 4)		(Column 2)	(Column 3)	· .				
AT B		(Column 1)  CLAIMS  REMAINING  AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total	AMENDMENT	Minus	**	=	× 5 4 = 1		OR	x s 8 =	·
ENDMENT	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	·	Minus	***	=	× \$ 44 =		OR	x \$ <u>88</u> =	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5/50=		OR	+,300=	
_	FIRST FREGER	TATION OF MODILIES				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					· 
) 		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	• AMENDMENT	Minus	PAID FOR	<del> </del>	x s_9_=		OR	x \$ 18 =	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$ <u>44</u> =		OR	x \$ <u>88</u> =	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s <u>/50</u> =		OR	+ s300 =	<del> </del>
FIRST PRESENTATION OF MOCHINE E. S.C. EUSEN						TOTAL ADD'L FEE		OR	ADD'L FEE	
.	" If the "Highes	column 1 is less that Number Previous t Number Previous	ly Paid Fo	IN THIS SPACE	C 15 1635 (Hall 2)		n the approp	nate box in	column 1.	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number round in the appropriate box in County in County in the Indiana propriate box in County in